

<b>CLAIMS ONLY</b>	SERIAL NO.	FILING DATE
APPLICANT(S)		

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	4	1				
4	5	1				
5	1	1				
6	3	1				
7	5	4				
8	2	4				
9	<del>X</del>	<del>X</del>				
10	<del>X</del>	<del>X</del>				
11		1				
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TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	15	←		←		←
TOTAL CLAIMS	16					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS